



Government Services

TEMPORARY FOOD ESTABLISHMENT APPLICATION FORM

OFFICE LOCATIONS

St. John's	(709) 729-6362
Harbour Grace	(709) 945-3107
Clarenville	(709) 466-4060
Grand Falls-Windsor	(709) 292-4206
Gander	(709) 256-1420
Corner Brook	(709) 637-2680
Happy Valley-Goose Bay	(709) 896-5428

EVENT NAME

NAME			
DATE FROM		TO	OPENING TIMES
LOCATION SITE			
COORDINATOR/ORGANIZER			
TELEPHONE HOME	WORK	CELLULAR	PAGER

FOOD VENDOR

NAME (PERSON IN CHARGE)			
ADDRESS			
			POSTAL CODE
TELEPHONE HOME	WORK	CELLULAR	PAGER
ASSOCIATED ESTABLISHMENT PERMIT NUMBER			
NAME			
ADDRESS			
			POSTAL CODE
TELEPHONE HOME	WORK	CELLULAR	PAGER

MENU

FOOD AND INGREDIENTS	
SOURCE	

EQUIPMENT

COOKING (LIST EQUIPMENT USED)	HOT HOLDING
REFRIGERATION (TYPE)	TRANSPORT (HOT & COLD HOLDING)
THERMOMETER <input type="checkbox"/> YES <input type="checkbox"/> NO	THERMOMETERS (METAL STEM) PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO
UNIFORMS/HAIR RESTRAINTS	OTHER

BOOTH

TYPE	BOOTH NUMBER
FLOOR (E.G. PALLET, PLYWOOD)	ROOF (E.G. TENT, PLYWOOD)
HANDWASH: <input type="checkbox"/> PIPED OR <input type="checkbox"/> WATER RESERVOIR	SOAP/HAND DRYING TOWELS _____
HANDWASH SINK PRESENT: <input type="checkbox"/> PIPED OR <input type="checkbox"/> WATER RESERVOIR	REFUSE CONTAINER (COVERED)
WASTE DRAINED TO: <input type="checkbox"/> SEWER <input type="checkbox"/> WASTE TANK	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROTECTION

DISPLAY(S)/METHOD/SNEEZEGUARD	CONDIMENTS COVERED <input type="checkbox"/> YES <input type="checkbox"/> NO
SINGLE SERVICE UTENSILS	STRAWS <input type="checkbox"/> WRAPPED <input type="checkbox"/> DISPENSER

COMMENTS

INSPECTOR _____
Signature

APPLICANT _____
Signature

DATE _____

GSC-0359/01-05